Substitute for Form PTO-875									fice; U.S. DEPARTMENT OF COMMERCE eas it displays a valid OMB control number. Application or Desket Number		
		MS AS FILED - PAI (Column 1)		Column 2)	SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY			
FOR BASIC FEE (37 CFR 1.16(a))		NUMBER FILED		D NUM	BER EXTRA	RATE	EEE]	RATE	FEE	
TOTAL CLAIMS (37 CFR 1.16(c))		 	minus 20 =				- s -	Or.		3	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3 =			X \$=	+	OR	X \$=	+	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						X 8 =	+-+-	OR	X \$ =	+	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	1-1-	OR	<u>+ s</u> =	 	
		1S AS AN	IENDE	D – PART II		TOTAL		OR	TOTAL	L	
<u> 11-27-</u>		olumn 1) CLAIMS		(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHE SMALL	R THAN ENTITY	
AMENDAMENTAL STATE OF THE STATE	RE AM	MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
(37 CFR 1	.16(c))	16	Minus	22	=	x \$=		OR	x \$=	FEE	
FIRST P		T	ļ	15		X \$=		OR	x \$=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$= TOTAL		OR	+ \$ =		
• '/'		olumn 1)		(Column 2)	(Column 3)	ADD'L FEE	<u></u>	OR.	ADD'L FEE		
Tota (37 CFR 1. Independ (37 CFR 1.	RE AME	LAIMS MAINING AFTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total (37 CFR 1.	16(c))		Minus		= .	x \$=	. ILL	OR	x \$ =	FEE	
(37 CFR 1.	(6(b))		Minus		. =	x s=		OR .	x \$=		
FIRSTPE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	+ \$=		
i	(00					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
U	REM A AME	umn 1) LAIMS MAINING FTER NDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL	
Tota (37 CFR 1.1 Z Independe	6(c))		Minus	••	=	x \$=	I Like	OR	x s =	FEE	
(37 CFR 1.1	6(b))		Minus	***	2	x \$=		OR	x \$=		
FIRST PR	ESENTATION (OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	+ \$=		OR	+ \$=			
* If the ent	ny ib column 1	in 1 11		in column 2, write		TOTAL ADD'L FEE	1	OR	TOTAL ADD'L FEE		

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.